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#Practice Limited to
Federal Agencies

June 8, 2005

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Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Mail Stop Amendment

Re: U.S. Utility Patent Application
Application No. 09/767,080; Filed: January 22, 2001
For: **Deoxo-Proline-Containing Tamandarin and Didemnin Analogs,
Dehydro-Proline-Containing Tamandarin and Didemnin Analogs,
and Methods of Making and Using Them**
Inventors: Joullié *et al.*
Our Ref: 1694.0640001

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Fee Transmittal Form (PTO/SB/17);
2. Credit Card Payment Form (PTO-2038) in the amount of **\$205.00** to cover:
\$180.00 Supplemental IDS fee; and
\$ 25.00 Excess claim fee.
3. Amendment and Reply Under 37 C.F.R. § 1.111 (26 pp.);
4. Third Supplemental Information Disclosure Statement Under 37 C.F.R. § 1.97(c) (3 pp.);
5. Form PTO-1449 listing (21) cited documents (8 sheets);
6. A copy of the (21) cited documents; and
7. Return postcard.

Commissioner for Patents
June 8, 2005
Page 2

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

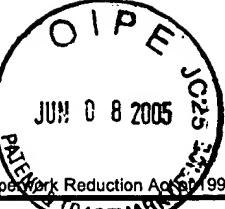
STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Matthew J. Dowd
Agent for Applicants
Registration No. 47,534

MJD/rjv
Enclosures

406154_1.DOC



JUN 8 2005

Equivalent to Form
PTO/SB/17 (12-04)

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PAIEMENTS on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
205.00

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/767,080 |
| Filing Date | January 22, 2001 |
| First Named Inventor | Madeleine M. JOULLIE |
| Examiner Name | Abdel A. Mohamed |
| Art Unit | 1653 |
| Attorney Docket No. | 1694.0640001 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **19-0036** Deposit Account Name: **Sterne, Kessler, Goldstein & Fox P.L.L.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
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| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

| | | | |
|---------------------|----------------------|------------------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| <u>62</u> | - 20 or HP <u>61</u> | = <u>1</u> x <u>25</u> | = <u>25.00</u> |

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

HP = highest number of total claims paid for, if greater than 20

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | - 3 or HP | = _____ x _____ | = _____ |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | - 100 = | / 50 = _____ (round up to a whole number) | x _____ | = _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

\$180.00

Other: Third Supplemental Information Disclosure Statement

SUBMITTED BY

| | | | | | |
|-------------------|-----------------|--------------------------------------|--------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 47,534 | Telephone | (202) 371-2600 |
| Name (Print/Type) | Matthew J. Dowd | | | Date | June 8, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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